Government of the District of Columbia

2009 SCHEDULE H Homeowner and Renter Property Tax Credit

0 9 9 9 8 0 1 1 0 0 0 0

OFFICIAL USE ONLY

Important: Read eligibility requirements before completing.
Print in CAPITAL letters using black ink.

Personal information

Your social security number (SSN)

Fill in if you are: ◯ *62 or older* ◯ *Blind or disabled*

Your daytime telephone number

Your first name | M.I. | Last name

Spouse's/registered domestic partner's SSN

Fill in if spouse/registered domestic partner is: ◯ *62 or older* ◯ *Blind or disabled*

Spouse's/registered domestic partner's first name | M.I. | Last name

Mailing address (number, street and apartment)

City | State | Zip Code +4

Address of **DC** property (number, street and apartment) for which you are claiming the credit if different from above

Type of property for which you are claiming the credit. Fill in only one: ◯ House ◯ Apartment ◯ Rooming house

◆ **Complete Section A or Section B, whichever applies.** ◆

Do not claim this credit for a property owned by a government, a house of worship or a non-profit organization.

Round cents to the nearest dollar.
If the amount is zero, leave the line blank.

Section A Credit claim based on rent paid

1 Total household gross income. *From Line w on back. If over $20,000, do not claim this credit.*	1	$ .00
2 Rent paid on the property in 2009. $ .00 *x.15 >*	2	$ .00
If 15% of the rent paid amount is more than the line 1 amount do not claim the credit.		
3 Property tax credit. *Use the worksheet on page 33.*	3	$ .00
4 Rent supplements received in 2009 by you or your landlord on your behalf.	4	$ .00
5 Property tax credit. *Subtract Line 4 from Line 3, D-40 filers enter here and on Line 29 of D-40.*	5	$ .00

6 Landlord's name

Landlord's address (number and street) | Apartment number

Landlord's telephone number

City | State | Zip Code +4

Round cents to the nearest dollar.
If the amount is zero, leave the line blank.

Section B Credit claim based on real property tax paid

7 Total household gross income *from Line w on back. If over $20,000, do not claim the credit.*	7	$ .00
8 DC real property tax paid by you on the property in 2009.	8	$ .00
9 Property tax credit *Use the worksheet on page 33.*	9	$ .00

10 *Enter information from your real property tax bill or assessment. If a section is blank on your property tax bill, leave it blank here.*

Square number | Suffix number | Lot number

2009 SCHEDULE H WORKSHEET

Last name and SSN

Total Household Gross Income – *Report the total income of every member of your household, including income not subject to DC tax. This income does not include gifts from nongovernmental sources, food stamps or food and other relief in-kind supplied by a governmental agency.*

		You	*Your spouse/dom. partner*	*Other household members*
		$	$	$
a Wages, salaries, tips, bonuses, commissions, fees and any compensation for personal services.	a			
b Dividends and interest.	b			
c Lottery winnings.	c			
d Trade or business income or loss.	d			
e Taxable and nontaxable pensions and annuities.	e			
f Capital gain (loss).	f			
g Alimony received.	g			
h Net rental and royalty income.	h			
i Social security and/or railroad retirement.	i			
j Unemployment insurance and workers' compensation.	j			
k Support money and public assistance grants.	k			
l Interest on U.S. obligations.	l			
m Disability income exclusion (from DC Form D-2440, Line 10).	m			
n Nontaxable portion of military compensation.	n			
o Fellowship and scholarship awards and grants.	o			
p Life insurance proceeds.	p			
q Veteran's pension and disability payments.	q			
r GI Bill benefits.	r			
s Income subject to unincorporated business franchise tax.	s			
t Cash distributions from a business or investment.	t			
u Other.	u			
v Total gross income. **Add Lines a–u for each column.**	v			
w Total household gross income. Add amounts entered on Line v, enter here and on correct Line (1 or 7) on page 1 of Schedule H.	w $			

List names and social security numbers of other household members.

#1 _____

#2 _____

#3 _____

#4 _____

Last name and SSN

0 9 9 9 8 0 1 3 0 0 0 0

If you are blind or disabled, you must have this certificate completed to claim the Property Tax Credit. File it with your Schedule H.

Physician's certification of blindness or disability.

If a physician's certification of blindness or disability has been submitted previously and the claimant's condition is unchanged, additional certifications are not needed. Fill in if submitted ◯.

Claimant's first name | M.I. | Last name

Claimant's social security number

I certify that the above-named claimant *(fill in all that apply):*

- ◯ is blind;
- ◯ has a physical or mental impairment that is expected to last continuously for 12 months or more;
- ◯ was physically or mentally impaired on January 1, 2009.

Physician's first name | M.I. | Last name

Physician's address (number and street) | Suite number

City | State | Zip Code +4

Physician's signature | Date | Where Licensed | License Number

Definitions

Blind
Central visual acuity that does not exceed 20/200 in the better eye with correcting lenses, or visual acuity that is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

Disabled
Unable to engage in any gainful activity due to a medically determinable physical or mental impairment which can be expected to last for 12 months or more.

Signature

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is true and correct. Declaration of paid preparer is based on the information available to the preparer.

Your signature | Date | Paid preparer's signature | Date

Paid preparer's Federal ID, SSN or PTIN | Paid preparer's telephone number